

**YORK COUNTY HISTORICAL COMMITTEE (YCHC)
TOUR / VOLUNTEER REGISTRATION**

Check One

☐ TOUR

☐ VOLUNTEER

Name: _____ Current YCHC Member? ☐ YES ☐ NO
(If YES, skip to Tour Site)

Address: _____

City, ST, Zip _____

Email Address: _____

Home Phone: _____ Fax: _____

Cell Phone: _____ Work Phone _____

If registering as a volunteer, indicate areas in which you would like to volunteer your services:

- | | |
|--|--|
| <input type="checkbox"/> Event Subcommittee (Planning) | <input type="checkbox"/> Guest Speaker |
| <input type="checkbox"/> Event Execution (Setup, Registration, etc.) | <input type="checkbox"/> Sight and Sound |
| <input type="checkbox"/> Food and/or Beverage Preparation | <input type="checkbox"/> Entertainment |
| <input type="checkbox"/> Post-Event Activities (Cleanup) | <input type="checkbox"/> Publicity |
| <input type="checkbox"/> Master of Ceremonies | <input type="checkbox"/> Other (Specify) _____ |

Age (Circle One): 12-16 17-20 21+ Number of hours available: _____

Time(s) available: _____

If registering for a tour, indicate tour site and date of tour:

Tour Site _____ Date _____

Please specify any special requirements or health concerns: _____

Indemnity/Medical Release (Signature Required)

I (we) the below signed certify (1) that I (we) agree to assume all risks in connection with the above activity and do hereby release, absolve, indemnify, and hold harmless the YCHC and the County of York and its employees/representatives in the above activity, and (2) that the responsibility for carrying appropriate medical plans including hospitalization lies with the below signed.

X _____
Signature or Signature of Parent/Guardian

Date _____

Media Release (Signature Required)

I (we) give permission for activity videos and photographs to be taken of the program participant for use by public media as well as official YCHC and County of York publicity, such as York County Government Cable Channel, YCHC and County of York web site, publications, displays, and presentations.

X _____
Signature or Signature of Parent/Guardian

Date _____

Please complete and mail to: YCHC, PO Box 1345, Yorktown, VA 23692.

If registering for a tour, the Committee must receive your registration a minimum of seven (7) days prior to the scheduled tour date.